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MARK W. HAIGH
DIXIE K. HIEB
SANDRA K. HOGLUND HANSON
KEITH A. GAUER
KRISTI GEISLER HOLM
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LOUIS R. HURWITZ
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HOLTON DAVENPORT
1892-1966
ELLSWORTH E. EVANS
1903-1996
DEMING SMITH
1920-1996

August 22, 2007

Direct Dial: 605-357-1227
E-mail: dhajek@dehs.com

Mr. Chris Nelson
Secretary of State
State of South Dakota
500 E. Capitol
Pierre SD 57501

Re: $1,094,700 Lake Poinsett Sanitary District Sanitary Sewer System Revenue Bond, Series 2007

Dear Mr. Nelson:

Enclosed is the Bond Information Statement for the above-referenced bond issue. Also enclosed is our check in the amount of $1.00 for the filing fee. Thank you.

Sincerely,

DOUGLAS J. HAJEK
For the Firm

DJH:ras

Enclosures

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BOND INFORMATION STATEMENT
STATE OF SOUTH DAKOTA
SDCL 6-8B-19

Return to: Secretary of State
State Capitol
500 East Capitol
Pierre, SD 57501-5077

FILING FEE: $1.00

TELEPHONE: (605)773-3537

Every public body, authority, or agency issuing any general obligation, revenue, improvement, industrial revenue, special assessment, or other bonds of any type shall file with the Secretary of State a Bond Information Statement concerning each issue of bonds.

1. Name of Issuer:

Lake Poinsett Sanitary District, Lake Norden, South Dakota

2. Designation of Issue:

Lake Poinsett Sanitary District $1,094,700 Sanitary Sewer System Revenue Bond, Series 2007

3. Date of Issue:

August 20, 2007

4. Purpose of Issue:

Lake Poinsett Sanitary District Phase I Expansion Project as outlined in the facilities plan dated September 2004 and amended February 2007.

5. Type of Bond:

Sanitary Sewer System Revenue Bond

6. Principal Amount and Denomination of Bond:

$1,094,700

7. Paying Dates of Principal and Interest:

Principal and interest shall be payable in quarterly installments, each payable on the fifteenth day of January, April, July, and October of each year.

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8. Amortization Schedule:

Thirty (30) years. See No. 7 above.

9. Interest Rate or Rates, Including Total Aggregate Interest Cost:

Interest Rate: 3.50%
Total Aggregate Interest cost: $731,606

This is to certify that the above information pertaining to the Lake Poinsett Sanitary District is true and correct on this 20th day of August, 2007.

By _____
Its District Clerk

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